

219025841
301246

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

1	Total Number of Vehicles	Local No./ District SE-B	Agency Case No. B9-054227	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 06/17/2019		S M T W TH F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1750	PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	06/18/2019	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Sheridan Blvd		ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE		
D	IF AT INTERSECTION		IF NOT AT INTERSECTION				
1	NAME OF INTERSECTING ROADWAY Woodbine St		O FEET O MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING				
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
10	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN		
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 1		S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE D.O.T. PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
E	VEHICLE NO. 1						
1	DRIVER LICENSE NO.	H12987995		STATE (Of License)	NE	SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	DRIVER FARAKID T MAHDI		PHONE 402-6139022		LOCAL NO.		
V2/N	DRIVER ADDRESS 1540 N 23RD ST, LINCOLN, NE 68503		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/11/1978	
G	OWNER FARAKID MAHDI		PHONE 4026139022		LOCAL NO.		
2	OWNER ADDRESS 1540 N 23 LINCOLN, Lincoln, NE 68503		CITY, STATE, ZIP		CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO. LB631786	
H	LICENSE PLATE PA NO.	VCC650	YEAR (Plate Expires)	2020	STATE (Of Plate)	NE	
V1/O	VEHICLE	2013	MAKE	Ford	MODEL	Focus	
1	VEHICLE ID NO. (VIN)	1FADP3F25DL125013		BODY STYLE	4 door Sedan	COLOR	red
V2/O	TOWED TO	TOWED BY		ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$ 500	INSURANCE COMPANY Bristol West		
I	VEHICLE NO. 2						
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	DRIVER		PHONE		LOCAL NO.		
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER		PHONE		LOCAL NO.		
01	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
K	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$	INSURANCE COMPANY		
09	TOWED TO	TOWED BY		POLICY NO.			

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

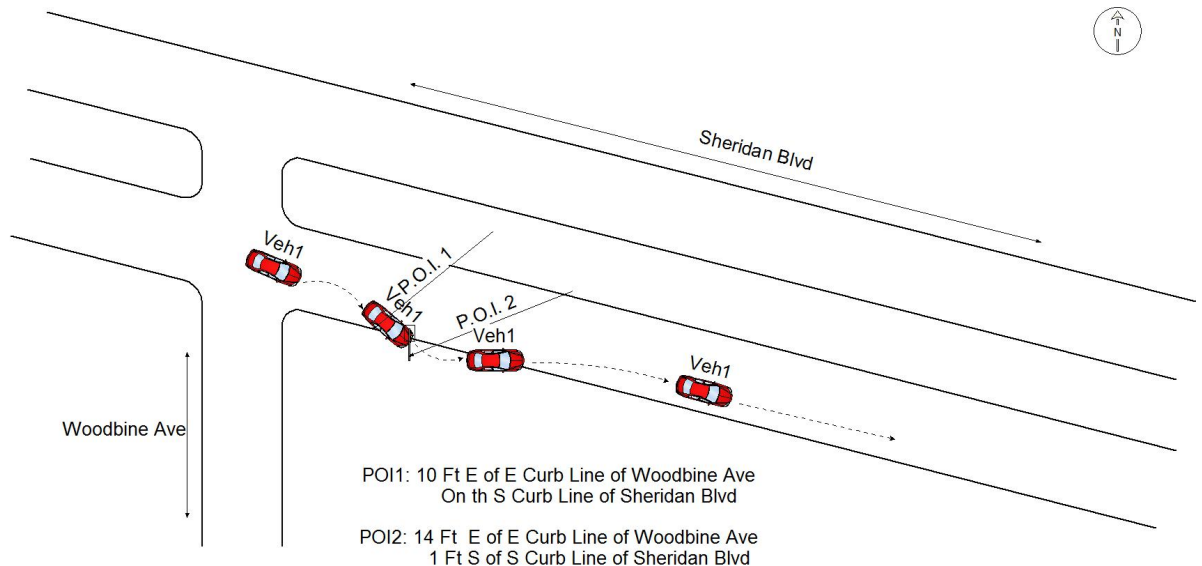
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B9-054227



Indicate
North
by Arrow



** All Measurements Are Approximate **

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Witness 1 stated while in his backyard he heard what he described as 'crunch' in front of his house. When Witness 1 came to the front of his house he observed a red 4 door Ford, possibly a Ford Focus, Ne Lic VCC650 stopped a few houses down. Witness 1 stated he observed damage to the front right bumper/wheel well of the vehicle. Witness 1 described Driver 1 as a female wearing a black and brown head scarf. Witness 1 did not see Driver 1's face and had no further description. Witness 1 stated he has no cameras on his property that would have captured the accident.

Officer continued to registered owners address where the registered owner was contacted and confirmed his wife, Driver 1, was driving a red car on this date. The registered owner was able to contact Driver 1 by phone and get her location. Driver 1 was informed to stay where she was, the officer would come to her.

Driver 1 was contacted at that location. Driver 1 admitted to ...

PROPERTY	OBJECT DAMAGED Street Sign	OWNER NAME City Of Lincoln - Streets 901 N 6th St, Lincoln, NE 68508	ADDRESS (402) 441-7701	PHONE (402) 441-7701	APPROX. COST OF DAMAGE \$ 200
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
WITNESSES	NAME Jeffney J Valder 3861 Sheridan Blvd, Lincoln, NE 68506				PHONE 4024172292
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1		VEH 2		
1			X		Sheridan Blvd		POINT OF IMPACT	02	POINT OF IMPACT			4	5			ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
2							POINT OF IMPACT		POINT OF IMPACT			2				ALCOHOL LEVEL TESTED	Y	Y	Y
1	01	06 Turning left				MOST DAMAGED AREA	02	MOST DAMAGED AREA			1 None used - vehicle occupant		BAC LEVEL			ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2
2		08 Entering traffic lane									2 Lap & shoulder belt used					1			
					09 Leaving traffic lane				3 Shoulder belt only used								2 Yes - alcohol suspected		
					10 Parked				4 Lap belt only used								3 Yes - drugs suspected		
					11 Slowing or stopped in traffic				5 Child safety seat used								4 Yes - alcohol & drugs suspected		
					12 Other				6 DOT approved helmet used								5 Unknown		
					13 Unknown				7 Costume helmet used										
									8 Restraint use unknown										
									9 Restraint use unknown										

OFFICER NO. 1796	TROOP/ TEAM/ BEAT	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Willis Jensen		INVESTIGATOR SIGNATURE Approved by Officer Willis Jensen	DATE OF REPORT 06/18/2019

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State of Nebraska

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3Local No./
District

SE-B

Agency
Case

B9-054227

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

06/17/2019

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY | Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

Sheridan Blvd

driving Vehicle 1 and being involved in the accident on this date. Driver 1 stated she was driving EB on Sheridan Blvd. Driver 1 stated she looking back at her passenger who was crying in their car seat in the back seat. While focused on the back seat passenger, Veh 1 left the roadway and struck the parking sign on the south side of the street. Driver 1 stated she was going approx 30mph at the time of the accident. Driver 1 stated she traveled to her son's location as she had never been in an accident before and did not know what to do. Driver 1 was cited/released in this accident.

$$w_j$$

1796

OFFICER NO.

1796

TROOP/
TEAM/
BEAT

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

INVESTIGATOR SIGNATURE

Willis Jensen

Approved by Officer Willis Jensen

DATE OF
ACCIDENT

06/18/2019